

October 2009



INDEPENDENT INSURANCE AGENTS AND BROKERS OF OC

# October Quarterly Meeting

## Directors & Officers Insurance for Non-Profits

Provider Number: 174071 • Course Number: 231787

*This workshop is designed to give insurance professionals an understanding of the coverages provided by the directors and officers insurance and guidance on where they can assist their nonprofit clients to better protect themselves through implementing the appropriate policies and procedures.*

**Speakers:**

**Vicki L. Campbell**  
*Senior Claims Examiner*  
Alliance Member Svcs.

Vicki handles commercial general liability, directors and officers, social services professional liability and improper sexual conduct liability claims. She also determines the

coverage and liability. Vicki participates in mediations and settlement conferences; provides departmental leadership, and offers excellent customer service to members, brokers, claimants, and to internal customers of AMS.

**Pamela Fyfe, JD**  
*Labor and Employment Risk Manager*  
Alliance Member Svcs.

As a labor and employment risk manager, Pamela advises nonprofits on employment issues which include: discipline and terminations, wage and hour and leave issues plus discrimination and sexual harassment allegations.

**Thursday**  
**October 8, 2009**

Tustin Banquet Center  
721 W. First St.  
Tustin, CA  
714.669.0506

**Cost for the Seminar:**  
**\$15 Members**  
**\$35 Non-Members**

Registration • Continental  
Breakfast Networking:

**8:00 - 9:00 a.m.**  
Program:  
**9:00 a.m. - 12:00 p.m.**

*(Program to begin promptly at 9:00 am)*

**This seminar routinely fills to capacity, so make your reservations now!**

**Register by Tuesday, October 6th to reserve your seat!**

Please mail reservation form and check to:

Independent Insurance Agents and Brokers of Orange County (IIABOC)

1442 E. Lincoln Ave., PMB 441 - Orange, CA 92865-1934

Or pay online with a credit card at [www.iiaboc.com](http://www.iiaboc.com)

Name: \_\_\_\_\_ CA License: \_\_\_\_\_

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Email: \_\_\_\_\_ Total Enclosed: \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_

In accordance with Title III of the Americans with Disabilities Act, we invite all registrants to advise us of any disability and any requests for accommodation to that disability. Please submit your request as far in advance as possible for this seminar.

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